No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

Date of Birth,	Jace 2 nd 1906
Full Name of Child,	
Sex, Color and if Twin, .	Female White
Place of Birth,	Southville moss
Full Name of Father,	Walter Leonard Emerson
Maiden Name of Mother,	Mary Ellew Parks
Residence of Parents,	Southville more
Occupation of Father,	Farmer:
Birthplace of Father,	York Village Me
Birthplace of Mother,	York Village me
Dated at Ashla Signature and residence of person making return.	

FORM A.

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

Date of Birth,	Jan 8 th 1906
Full Name of Child,	Rosi Mari Biachi
Sex, Color and if Twin, .	Female White
Place of Birth,	Fayville mass
Full Name of Father,	Pitta Biachi
Maiden Name of Mother,	mari Beno
Residence of Parents,	Fayville moss
Occupation of Father,	Laborer
Birthplace of Father,	melino Italy
Birthplace of Mother,	melino Italy
Charles and Charles and	
Dated at Ashlau	d Jan 13th 1906
STATE OF STATE OF STATE	
month of dress and draw	Gilbert O. Wood M. D
Signature and residence of person making return.	20010

(Lee Deposition # 25)

Commonwealth of Massachusetts.

No. RETURN OF A BIRTH.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)		
Date of Birth,	Jan 10. 1906	
Full Name of Child,	Louise Chaseri	
Sex, Color and if Twin, .	Fruite - While	
Place of Birth,	Fayirle Mass	
Full Name of Father,	Baleroni Chuseri	
Maiden Name of Mother,	Venesa arepili	
Residence of Parents,	Toyalle Mass.	
Occupation of Father,	dabour.	
Birthplace of Father,	Daly -	
Birthplace of Mother,	Staly	
1-11	la de la companya della companya della companya de la companya della companya del	
Dated at Southbone	1904	
enringiles livent abidilli	Amel Boone -	
Signature and residence of person making return.	Vouchboro Moss	

No.	RETURN	OF A	BIRTH
	TOTAL TOTAL	OT. T	TITILITIE.

To the Clerk of the City or Town in which the birth occurred.

Date of Birth,	Jan 20. 1906
Full Name of Child, · ·	
Sex, Color and if Twin, .	Male White
Place of Birth,	South boro mass.
Full Name of Father,	Les. D. Smith
Maiden Name of Mother,	Carrie Young.
Residence of Parents,	South bors Mean.
Occupation of Father,	Shoe aperative
Birthplace of Father,	auburn duses.
Birthplace of Mother,	Maribono Mas
Dated at Aruthbox Signature and residence of person making return.	

-	Ġ,	-	
1	٧	0	

making return.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	January 26, 1906
2. Full Name of Child, .	- Smith.
3. Color, *	
4. Sex, (and if twin or ille-	male.
gitimate,) 5. Place of Birth,	Southbro
	Irving Smith
6. Name of Father, · ·	Satteboro
7. Residence,	7
8. Occupation,	former.
9. Birthplace,	Jultiboro
10. Name of Mother, · ·	Trace Isatello Michol
(Maiden Name,)	0 151
11. Residence,	Julibno
12. Birthplace,	Inellabrio
Dated at Smith	no Del. 18/906 18
Signature of person)	A.C. Eastware M. V.

[Be very particular to fill all Blanks.] Plate. Ed. December, 1896. - 5,000.

^{*} If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

No. RETURN OF A BIRTH.

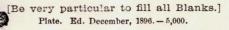
To the Clerk of the City or Town in which the birth occurred.

Date of Birth,	Feb 16 1906
Full Name of Child,	
Sex, Color and if Twin, .	Female White
Place of Birth,	Southville moss
Full Name of Father,	Charles Benis Jones
Maiden Name of Mother,	annie Elizabeth allen
Residence of Parents,	Southbors moss
Occupation of Father,	Laborer
Birthplace of Father,	Windson Vt.
Birthplace of Mother,	St John n. B.
<u>and and are an another an event of the control of </u>	
Dated at Ask	land Feb 18 1906
harmed his despite edition of the history of the largest that washing the state of the largest that washing the largest the largest that washing the largest the largest that washing the largest that washing the largest that washing the largest the largest the largest that washing the largest	find bor in a
Signature and residence	Gilbert O. Wood M.D
of person making return.	& ashland Moss

RETURN OF A BIRTH.

1. Date of Birth,	March 1. 1806
2. Full Name of Child, .	Francis proft We Neil
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Male.
5. Place of Birth,	Julians
6. Name of Father, · ·	Francis Me Keil
7. Residence,	Smilatino
8. Occupation,	dairyinau.
9. Birthplace,	Busdale Cafe Bollow
10. Name of Mother, · ·	Mary Frances Congletan
(Maiden Name,)	0 7.
11. Residence,	Ju libno
12. Birthplace,	ft John N.B.
Dated at South	10 Del. 18 1906 18
Signature of person making return.	a. Clastinan M. D.

^{*} If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.



No.	RETURN	OF	A	BIRTH
	TOTAL CITY	OT.		TTTUTT.

To the Clerk of the City or Town in which the birth occurred.

Date of Birth,	March, 2. 1906.
Full Name of Child,	
Sex, Color and if Twin, .	Funde White
Place of Birth,	South bors mass.
Full Name of Father,	John J. Colley.
Maiden Name of Mother,	alice The Califiting.
Residence of Parents,	South horo Meses
Occupation of Father,	Coachusu.
Birthplace of Father,	Ireland,
Birthplace of Mother,	England,
EST TO SUPERIOR OF THE	
Dated at South by	oro Maso Mary 6 1906
evil illeftelebere a 3.7 mill	a marahada sata sa jada 1911. Takim 2.
	Howill Bacon
Signature and residence of person making return.	
J. Percon maning return.	

Date of Birth. april 4 = 1901.
2400 01 211011,
Sex, Finale
Color (if other than white),
Name (if named), Macagaris Bus
Place of Birth, No. Southbro Street
Name of Father, Kriwill Frits
Name of Mother, Mangaret Prut
Maiden Name of Mother, Mangamattevius
Residence of Parents, No. South on Street
Occupation of Father, Tracher
Birthplace of Father, Cambridge
Birthplace of Mother, UEW JME
(Signature), Eur H. Rigelno
Physician.

RETURN OF A BIRTH. No.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,	april. 8. 1906
Full Name of Child,	Melian J. Madutires
Sex, Color and if Twin, .	male While
Place of Birth,	Southtors nears.
Full Name of Father,	David meduling
Maiden Name of Mother,	Nellie Lalwon
Residence of Parents,	South toro miss
Occupation of Father,	Coachwar
Birthplace of Father,	Juland,
Birthplace of Mother,	South toro neaso
Land to the second seco	
Dated at Smith be	mugh Mars apie 23 1906

Signature and residence of person making return.

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)				
Date of Birth,	april 21. 1906.			
Full Name of Child,	Richard Hawkins Lincoln			
Sex, Color and if Twin, .	male Thele			
Place of Birth,	Southbon Duose.			
Full Name of Father,	Harry R Lucolu			
Maiden Name of Mother,	Grace Hawkins			
Residence of Parents,	Southboro moss.			
Occupation of Father,	Leavelie			
Birthplace of Father,	Colondo.			
Birthplace of Mother,	Com.			
	7.			
Dated at South to	no Trease Thoy 1 _190 6			
	Homee Becou			
Signature and residence	S A A A A A A A A A A A A A A A A A A A			
of person making return.) Journay			

No	RETURN	OF	A	BIRTH.
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To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Sex, Color and if Twin, .	Jemole White
Place of Birth,	Fayville moss
Full Name of Father, .	William Henry Carey
Maiden Name of Mother,	Katherine mary Sallivan
Residence of Parents,	Joyvilla mose
Occupation of Father,	Switchman
Birthplace of Father,	E. Cambridge Mass
Birthplace of Mother,	Co. Cook Ireland
Dated at Askland Signature and residence of person making return.	Gilbert O. Wood Min

No	RETURN	OF	Α	BIRTH.

To the Clerk of the City or Town in which the birth occurred.

Date of Birth,	July 16. 1906.
Full Name of Child,	Joe Santonis Jos
Sex, Color and if Twin,	Male White
Place of Birth,	Fayville Mass.
Full Name of Father,	fue Santoni
Maiden Name of Mother,	Malloli
Residence of Parents,	Fayince Maso.
Occupation of Father,	Laborer.
Birthplace of Father,	Italy.
Birthplace of Mother,	Italy.
	- 1
Dated at South &	2000 ky 17 1906
	60
	Jonnel / voeou
Signature and residence	11 -11 -
of person making return	South boro hums.
	. 4

No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

(FILL OUT WITH INK. ALL NAMES TO BE IN FULL.)

Date of Birth,

Full Name of Child,

Sex, Color and if Twin,

Place of Birth,

Full Name of Father,

Maiden Name of Mother,

Residence of Parents,

Occupation of Father,

Birthplace of Mother,

Birthplace of Mother,

Malluglin

Commander

South Commander

Father,

Birthplace of Mother,

Malluglin

Commander

South Commander

Father,

Birthplace of Mother,

Dated at Southboro Treas aug 20 1906

Signature and residence of person making return.

Loutbon man

No. RETURN OF A BIRTH.

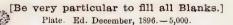
To the Clerk of the City or Town in which the birth occurred.

Date of Birth,	Aug 5 1906
Full Name of Child, /	Elsie allison Hunh
Sex, Color and if Twin, .	Temale White
Place of Birth,	***************************************
Full Name of Father,	Howard Stanley Funt Ida May Liberty
Maiden Name of Mother,	Ida May Liberty
Residence of Parents,	Cordaville more
Occupation of Father,	Blanker Carden
	Sudbury Moss
Birthplace of Mother,	Cordaville Mass
	and ang 9 190 6
Ciamatura and moddenes	Jelbert O. Wood M.
of person making return.	Gilbert O. Wood M.D. ashland mass

RETURN OF A BIRTH.

1. Date of Birth,	September 15-1806.
2. Full Name of Child, .	Pacini
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Male,
5. Place of Birth,	fay velle
6. Name of Father, · ·	autorio Pacini
7. Residence,	fayville
8. Occupation,	Latner.
9. Birthplace,	Holy.
10. Name of Mother, · ·	Maria Malchiodi
(Maiden Name,)	1 20
11. Residence,	Jayorllo
12. Birthplace,	Staly
Dated at Julib	Dec. 18.1 406. 18
Signature of person aking return.	a. C. Gashuau hud.

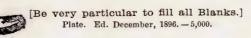
^{*} If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.



RETURN OF A BIRTH.

1. Date of Birth,	Vystanten 20. 1906
2. Full Name of Child, .	- Kelly.
3. Color, *	1.
4. Sex, (and if twin or illegitimate,)	Mole.
5. Place of Birth,	Andres
6. Name of Father, · ·	Hugh Kelly.
7. Residence,	In latino
8. Occupation,	Jacry wall
9. Birthplace,	Vulaud.
10. Name of Mother, · ·	agnes Forbes.
(Maiden Name,)	
11. Residence,	Oulibno
12. Birthplace,	deotland.
Dated at Santubus	Bze. 18.1906. 18
Signature of person amaking return.	Q. Crastuan U.S.
7.	

^{*} If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.



No. RETURN OF A BIRTH.

To the Clerk of the City or Town in which the birth occurred.

Date of Birth,	Sept 21/1906			
The of British,	Charles Octavius Emerson			
	male white			
· ·				
· ·	Southwell Moss			
	Charles Octavius Emerson			
Maiden Name of Mother,	annie Laura Bright			
Residence of Parents,	Southvilla moss			
Occupation of Father,	Jarmes			
	York Village me			
Birthplace of Mother,	Halifax n. B.			
Dated at ashland Sept 26 190 6				
Signature and residence Signature and residence Ashland Moss				
Signature and residence of person making return.	} ashland moss			

F 3M R-5	I PLACE OF BIRTH		onwealth of Massachusel		
	County of		ON OF VITAL STATISTICS	(City or	town)
RECORD	O'Ave are	(To be	DELAYED RETURN used for returns of births not made's Affidwait on reverse side	within the interval prescri	ibed by law.
REC	City or Town of	Register	ed No.	Deposition No.	Ward
MANENT form of a r	2 FULL NAME OF CHILD	(If birth o	occurred in a hospital or institution, gl	ve its NAME instead of stree	
M. M. For	3 Sex of Child Canale 4 Twin, triplet, or other? (To be answered only in ev	4a Number in order of birth vent of plural births		Date of Sept 2 birth (Month) (Day	5-1906 (Year)
BINDING THIS IS A cribed by lanc de must be ex-	7 FULL NAME Wich al Capp	alo	8 FULL NAME BEFORE MARRIAGE	OTHER asayi	q
FOR BIN INK – THI read preserd	9 RESIDENCE NO. (At time the birth occurred) Southlyoungh (City or town)	ST.	10 RESIDENCE NO(At time the birth occurred)	vo u zh	ST.
RESERVED NG BLACK sithin the inte	11 COLOR OR RACE White 12 AGE AT LAS BIRTHDAY (At time the	ST 2 7 YEARS ne birth occurred)	13 COLOR White	14 AGE AT LAST BIRTHDAY (At time the	28 YEARS
RESE NG B weithin	15 BIRTHPLACE (City or town) (St	ate or country)	16 BIRTHPLACE(City	or town) et touh	e or country)
GIN FADI made	17 OCCUPATION (At time the birth occurred) & above		18 OCCUPATION (At time the birth occurred)	at Hou	e
MARGIN WI UNFAD a birth is not made BE used and the	19 Attendant at birth or informant (If there was no physician or midwife attendant, draw line through "attendant at birth or?"). Address No.	ichael ausis	eappel- st., Wa	(Physician, midwife, fathe	er, or other)
	20 Affidavit filed and recorded and a copy of davit transmitted to the Secretary of the	of return and a ne Commonwea	ffi- lth(Month)	(Day)	(Year)
Z .	2 Deponent Name City or town	Relation to child	22 The above record has the provisions of Rev.	been made in acc Laws, Chap. 29, Se	ordance with ec. 14.
WRITE N.B. If t 5-3-'19. 10,000		F	Attest:		REGISTRAR
5.5)		(Cit	y or town)	

MARGIN RESERVED FOR BINDING

An affidavit containing the sequired for record, if made by a person who was required. As to furnish the information for the original record, or, at discretion of the city or town clerk, by one or more credible persons having knowledge of the case . . . or a certified copy of the record of any other city or town or of a written statement made at the time by any person since deceased who was required by law to furnish evidence thereof, may, at the discretion of the clerk, be made the basis for the record of a birth . . . not previously recorded. — Extract from Rev. Lawc, Chap. 29, Sec. 14.

If the return of a birth is not made within the interval prescribed by law, this affidavit must be executed.

AFFIDAVIT

THE COMMONWEALTH OF MASSACHUSETTS SS.:	
that deponent has knowledge of the birth of	
(Signed) (Muchael Cappolo Sworn to and subscribed before me, this 31 _day of, 1920	1

NOTICE

Expense of affidavit should be borne by the individual making this return.

INSTRUCTIONS AS TO EXECUTION OF PAPERS TO RECORD DELAYED RETURNS OF BIRTH

By following these instructions carefully, delay and expense will be avoided.

1. Write legibly with durable black ink.

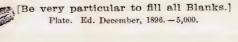
- 2. The affidavit may be made by the attending physician, midwife, father, mother, or the householder in whose house the birth occurred, or any officer specified in Revised Laws, Chapter 29, Sections 6 and 7, or at the discretion of the city or town clerk or registrar by one or more credible persons having knowledge of the case. A citizen who did not know the parent before the date of the child's birth therefore cannot make an affidavit and the period of acquaintance with the parent must be greater than the age of the child.
- 3. Write all names in full throughout the return and affidavit. Have the name of the child given in full and correctly spelled; and all items called for upon the return should be stated thereon as they were at the time of the birth.
- 4. The name of the child as written in the affidavit must correspond in every respect with the name as given in the birth return.
 - 5. The day, month, and year of birth must not be changed after once written.
- 6. The affidavit and return should be presented without changes or alterations or they will not be accepted.

CITY AND TOWN CLERKS SHOULD TRANSMIT A COPY OF THIS RETURN TO THE SECRETARY OF THE COMMONWEALTH AT ONCE

RETURN OF A BIRTH.

1. Date of Birth,	Oct. 23. 1906.
2. Full Name of Child, .	Janeva Margaret Juses
3. Color, *	
4. Sex, (and if twin or ille-	Fruole.
gitimate,) 5. Place of Birth,	foullibors
	Joren L. Jansen,
6. Name of Father, · ·	Interno
7. Residence,	Fairiguau.
8. Occupation,	Demarks.
9. Birthplace,	
10. Name of Mother, · ·	Christiania a. Erichsen
(Maiden Name,)	
11. Residence,	In libro
12. Birthplace,	Bruwarle.
Dated at Sullibno	Dre. 18. 1806, 18
Signature of person making return.	O. C. Coo tuan M. D.

^{*} If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.



No	RETURN	OF	A	BIRTH.
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To the Clerk of the City or Town in which the birth occurred.

Date of Birth,	Oct 23/1906
	allew David Thoit
Full Name of Child, · ·	1
Sex, Color and if Twin, .	male white
Place of Birth,	Fayville Moss
Full Name of Father,	allen Greely Thoit
Maiden Name of Mother,	marcha June Lindsay
Residence of Parents,	Tayville moses
Occupation of Father,	Leauster
	Pownal me
	newry Ireland
Estruptace of Mouner,	Theory or actions
Dated at Ashle	and Och 27th 1906
Service in the page of the reserved	
as regard them a liberary and the har	Gilbert O. Wood M. D Bashland moss
Signature and residence	11000
of person making return	() ashland moss
	1

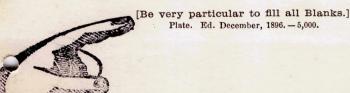
· Child Born November 3 3d Fathers Name James O Brisse Onothers Name morgaret O. Brie Boin in Nova Ocotia Ours Valard Southerlle gr giass.

RETURN OF A BIRTH.

To the Clerk of the City or Town in which the Birth occurred.

1. Date of Birth,	Therentes 5:1806.
2. Full Name of Child, .	Thomas Skinner.
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Male
5. Place of Birth,	Southwelle
6. Name of Father, · ·	Thomas Skinner.
7. Residence,	Dutulle
8. Occupation,	valour.
9. Birthplace,	Vreland.
10. Name of Mother, · ·	Catherine Bernard.
(Maiden Name,)	
11. Residence,	Authorle
12. Birthplace,	Viland.
Dated at Soulibra	o The 18.1806 18
Signature of person)	a Crastevas Ud.

^{*} If other than White. (A.) African. (M.) Mulatto. (I.) Indian. If of other Races, specify what.



making return.

making return.

RETURN OF A BIRTH.

1. Date of Birth,	November 14.1406_
2. Full Name of Child, .	- Benjamin
3. Color, *	
4. Sex, (and if twin or illegitimate,)	Female.
5. Place of Birth,	- Landebro
6. Name of Father, · ·	Ernest a. Benjamin
7. Residence,	Jactelino
8. Occupation,	Hootles:
9. Birthplace,	Mara della.
10. Name of Mother, · ·	Mabel 14. Fortes.
(Maiden Name,)	
11. Residence,	fuellebno
12. Birthplace,	Morlono
Dated at for Albre	Dec. 18.1906 18
Signature of person \	actorbuse lu.d.

^{*} If other than White. (A.) African. (M) Mulatto. (I.) Indian. If of other Races, specify what.

